



# REPORT OF VENDOR PERFORMANCE

State Form 21322 (R2 / 7-95)

Department of Administration  
**Procurement Division**  
402 W. Washington St., Rm. 468  
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Complete this form to report complaints or compliments against vendors, commodities, or to report any unsatisfactory service.
  2. Be sure to furnish all necessary detail so that a satisfactory settlement of the complaint can be made.
  3. Verify all information to insure accuracy. Vendor performance reports become a permanent record of the commodity or vendor concerned and must be accurate to guarantee intelligent and equitable settlement and to serve as a guide for future action.

Name of agency			Date (month, day, year)
Requisition number	Purchase order number	Name of buyer	Item number
Name of vendor			Name of vendor contact
Address of vendor			Telephone number (       )

POSITIVE COMMENTS	PROBLEMS WITH DELIVERY AND QUALITY	
<input type="checkbox"/> Vendor confirms delivery time and date prior to delivery.	<input type="checkbox"/> Delivery not made on date ordered or promised.	<input type="checkbox"/> Unsatisfactory workmanship in installation of commodity.
<input type="checkbox"/> Vendor responds to complaints in a timely manner.	<input type="checkbox"/> Delivery in damaged condition.	<input type="checkbox"/> Quantity delivered in excess of order and cannot be accepted.
<input type="checkbox"/> Vendor is responsive to our needs.	<input type="checkbox"/> Quality of commodity is inferior to quality requested. (explain below)	<input type="checkbox"/> Quantity delivered less than ordered. Balance is required.
<input type="checkbox"/> Vendor is reliable and dependable.	<input type="checkbox"/> Unsatisfactory and unauthorized substitute delivered by vendor.	<input type="checkbox"/> Other (explain below).
<input type="checkbox"/> Other (explain below)		

Remarks (give detailed explanation of complaint / compliment in this space, using reverse side if additional space is necessary)

Performance Report executed by:		
Name (print)	Title	Telephone number
Signature		Date signed (month, day, year)